
Substance Abuse and Mental Health Services Administration (SAMHSA) —Lucy Perez

\$7.5 million is devoted to outreach for substance abuse and HIV treatment services. The Center for Substance Abuse Prevention (CSAP) receives \$13.5 million for combination substance abuse prevention integrated with HIV prevention services. It is limited to communities of color.

Risk Factors for Drug Abuse

Abuse. Adolescent females who are coerced into sexual acts are especially at risk for engaging in risky sexual practices later in life. Approximately 70% of women in drug-abuse treatment reported histories of physical and sexual abuse with victimization beginning before 11 years of age and occurring repeatedly. In one clinic, 50% of HIV children were victims of incest; 32% of women who became pregnant before the age of 18 had a history of sexual assault.

Alcohol. Alcohol users and illicit drug users are intricately connected, which means if one is at risk for drinking, one is at risk for HIV disease. Violence, drinking, and HIV disease are also interconnected. It is particularly crucial that we get our message to adolescents. If we can prevent the first drink from age 15 to 19, we have a 30% probability of reducing the use of cocaine in a lifetime.

Stress. Women suffering from posttraumatic stress disorder are 17 times more likely to have a major drug-abuse problem.

Smoking. Cigarette smoking is a significant predictor of women in the progression from legal drug use to illicit drug use. Women may begin or maintain cocaine use to develop more intimate relationships.

Race/ethnicity. Racial and ethnic issues as they relate to HIV, perinatal services, substance abuse treatment are all interconnected, regardless how our agencies separate them. We're talking about the same people and the same issues.

Risky sexual behavior. Sexually transmitted diseases (STDs) have become a pediatric problem. Perinatal HIV disease cannot be discussed without including adolescent population and STDs. A survey from the Bronx showed that 41% of females and 33% of males acquired a new STD after diagnosis of HIV. This implies not only the risk of HIV but the probability of pregnancy.

Racial and ethnic disparities. The CSAP website, Making the Connection, at www.health.org/sa-hiv, makes the connection around racial and ethnic disparities as they relate to substance abuse and HIV. African Americans may be at greater risk for HIV disease because of incarceration. So perinatal HIV programs need to focus on incarceration, both adult and juvenile. The number of minority youth held in detention centers increased 79% from 1983 to 1991, while the number of white youth increased by 8%. There is a marked increase in women of color over the age of 50 with HIV disease.

Incarceration. Incarceration increases HIV risk because of more juveniles in detention centers, more people in jail, higher HIV seroprevalence rates in jail.

Indicators

Ignorance, not prejudice, may result in disproportionate health care. Health care providers need to see the socioeconomic and political indicators for why people are disproportionately affected by HIV disease. HIV risk and substance abuse risk come from the same populations. Five indicators of substance-abuse risk include:

- Low family income
- Single-parent homes
- Women-headed homes
- High population density
- Education below 8th grade

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